Town of Hilton Head Island Revenue Collections Division One Town Center Court Hilton Head Island, SC 29928 (843) 341-4610 FAX (843) 341-4637 www.hiltonheadislandsc.gov

TOWN OF HILTON HEAD ISLAND

Hospitality Fee and Local Accommodations Tax Reporting Form



D/B/A Name and Location Address

Hosp. Acct. No. FEI or SS No.

Accommodations Tax No.

Bus. Lic. No. SC Retail No.

1st Quarter

April 20, 2005 File On or Before

	Bus. Lic. No.	SC Retail No.		
			Period: January	y, February, March 2005
If your business has closed or changed ownership, please	complete all that appl	V.	FOR OFF	ICE USE ONLY
Date business closed:		<i>y</i> .	Postmark	IOL GOL GIVE!
Date changed ownership:			CK#	
New owner is:				
Name of new business if known:			Hosp Fee	
			1.000 1.00	-
HOSPITALITY FE			Hosp Pen	
	Report in Who	le Dollars		
Gross Proceeds: Food and Beverages	1	_ ·	Subtotal	
2. Hospitality Fee Line 1 x 1% (.01)	2		ATax Pen	
<u></u>		_ . L		
	_	-	Subtotal	
3. Penalty 5% per month Line 2 x 5% (.05)	3	·	TOTAL	
4. Total Hospitality Fee Due (Add lines 2 and 3)	4	 . □	Ck Amt	
LOCAL ACCOMMODATION	ONS TAX		HF Credit	
Only complete this section if you have gross	S			
proceeds from transient accommodations.			ATax Credit	
	_	-		
5. Gross Proceeds: Transient Accommodations	5		ATax	
6. Accommodations Tax Line 5 x .3% (.03)	6		Hosp Due	
		<u> </u>		
7. Penalty 5% per month Line 6 x 5% (.05)	7		Hosp Pen Due	
	_	–		
8. Total Accommodations Tax (Add Lines 6 and 7)	8	<u></u>	Credit or Bal Due	
		-		
9. SUBTOTAL (Add lines 4 and 8)	9	<u>_</u> ·	ATax Due	
10. Credit or Balance Due from Period Year	10	7 . 🖳	ATax Pen Due	
11. TOTAL AMOUNT DUE (Add lines 4, 8, and 10)	11	□.□	Credit or Bal Due	_
			TOTAL Credit/Bal	
			. 317 E Grodiu Bai	
IMPORTANT: Enclose payment with report. Please This return becomes DELINQUENT i		ter the 20th day following	the end of the period	
				wladge and halief
I hereby certify that the information containe			•	
Taxpayer's Signature	Title	Telephone	•	Date

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TOWN OF HILTON HEAD ISLAND

Hospitality Fee and Local Accommodations Tax Reporting Form



D/B/A Name and Location Address

Hosp. Acct. No. FEI or SS No.

Accommodations Tax No.

Bus. Lic. No. SC Retail No.

2nd Quarter

File On or Before July 20, 2005

12

Postmark	
CK#	
Hosp Fee	
Hosp Pen	
Subtotal	
ATax Pen	
ATax Pen	
Subtotal	
Subtotal	
Ck Amt	
TOTAL	
Ck Amt	
HF Credit	
ATax Credit	
АТах	
Hosp Due	
Hosp Pen Due	
Credit or Bal Due	
ATax Due	
ATax Pen Due	
Credit or Bal Due	
TOTAL Cradit/Bal	

IMPORTANT: Enclose payment with report. Please do not staple.

11. Penalty 5% per month Line 10 x 5% (.05)

Credit or Balance Due from Period ____ Year__

15. TOTAL AMOUNT DUE (Add lines 8, 12, and 14)

13. SUBTOTAL (Add lines 8 and 12)

12. Total Accommodations Tax (Add Lines 10 and 11)

This return becomes DELINQUENT if it is postmarked after the 20th day following the end of the period.

I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief.

Taxpayer's Signature	Title	Telephone	Date

Town of Hilton Head Island **Revenue Collections Division** One Town Center Court Hilton Head Island, SC 29928 (843) 341-4610 FAX (843) 341-4637 www.hiltonheadislandsc.gov

TOWN OF HILTON HEAD ISLAND

Hospitality Fee and Local Accommodations Tax Reporting Form



D/B/A Name and Location Address

Hosp. Acct. No. FEI or SS No. Accommodations Tax No.

3rd Quarter

October 20, 2005 File On or Before

	Bus. Lic. No.	SC Retail No.	Quarterly Filers: Period: July, August, Sept	tember, 2005
If your business has closed or changed ownership, please	e complete all that	apply:	FOR OFFICE	USE ONLY
Date business closed:			Postmark	
Date changed ownership:			CK#	
3. New owner is:			_	
4. Name of new business if known:			Hosp Fee	
HOSPITALITY FE	ΕE		Hosp Pen	
	Report in V	/hole Dollars	_	
Gross Proceeds: Food and Beverages	1		Subtotal	
2. Hospitality Fee Line 1 x 2% (.02)	2		ATax Pen	
	2		—	
			Subtotal	
3. Penalty 5% per month Line 2 x 5% (.05)	3		TOTAL	
4. Total Hospitality Fee Due (Add lines 2 and 3)	4		Ck Amt	
LOCAL ACCOMMODATIO	ONS TAX		HF Credit	
Only complete this section if you have gross	S		_	
proceeds from transient accommodations.			ATax Credit	
5. Gross Proceeds: Transient Accommodations	5		ATax	
6. Accommodations Tax Line 5 x .3% (.03)	6		Hosp Due	
7. Penalty 5% per month Line 6 x 5% (.05)	7		Hosp Pen Due	
8. Total Accommodations Tax (Add Lines 6 and 7)	8		Credit or Bal Due	
9. SUBTOTAL (Add lines 4 and 8)	9	·	ATax Due	
10. Credit or Balance Due from Period Year	10		ATax Pen Due	
11. TOTAL AMOUNT DUE (Add lines 4, 8, and 10)	11		Credit or Bal Due	
			TOTAL Credit/Bal	
IMPORTANT: Enclose payment with report. Please	do not stanle			

This return becomes DELINQUENT if it is postmarked after the 20th day following the end of the period.

I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief.

, , , , , , , , , , , , , , , , , , ,	•	<u> </u>	<u> </u>
Taxpayer's Signature	Title	Telephone	Date

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TOWN OF HILTON HEAD ISLAND

Hospitality Fee and Local Accommodations Tax Reporting Form



D/B/A Name and Location Address

1. Date business closed:_

3. New owner is:_

2. Date changed ownership:_

FEI or SS No. Hosp. Acct. No. Accommodations Tax No. SC Retail No. Bus. Lic. No. If your business has closed or changed ownership, please complete all that apply: 4. Name of new business if known:

4th Quarter

January 20, 2006 File On or Before

Quarterly Filers:

Postmark

Hosp Fee

CK#

Period: October, November, December 2005

FOR OFFICE USE ONLY

HOSPITALITY FEE		Hosp Pen	
Gross Proceeds: Food and Beverages	Report in Whole Dollars	Subtotal	
2. Hospitality Fee Line 1 x 2% (.02)	2	ATax Pen	
3. Penalty 5% per month Line 2 x 5% (.05)	3	Subtotal TOTAL	
4. Total Hospitality Fee Due (Add lines 2 and 3)	4 .	Ck Amt	
LOCAL ACCOMMODATIO Only complete this section if you have gross	NS TAX	HF Credit	
proceeds from transient accommodations.		ATax Credit	
5. Gross Proceeds: Transient Accommodations	5	АТах	
6. Accommodations Tax Line 5 x .3% (.03)	6 .	Hosp Due	
7. Penalty 5% per month Line 6 x 5% (.05)	7	Hosp Pen Due	
8. Total Accommodations Tax (Add Lines 6 and 7)	8 .	Credit or Bal Due	
9. SUBTOTAL (Add lines 4 and 8)	9	ATax Due	
10. Credit or Balance Due from Period Year	10 .	ATax Pen Due	
11. TOTAL AMOUNT DUE (Add lines 4, 8, and 10)	11	Credit or Bal Due	
IMPORTANT. Freeless resume and with respect Diseased	a mat atamba	TOTAL Credit/Bal	
IMPORTANT: Enclose payment with report. Please do This return becomes DELINQUENT if	it is postmarked after the 20th day	•	
I hereby certify that the information contained	•		
Taxpayer's Signature	Title	Telephone	Date